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## REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)

81950D - RE

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are stated below next to my name.  
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 6021770 granted 2/8/2000, and for which a reissue patent is sought on the invention entitled BOWLING STABILIZER WITH GAME FINDER

the specification of which

is attached hereto.

was filed on \_\_\_\_\_ as reissue application number \_\_\_\_\_ /  
and was amended on \_\_\_\_\_.  
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

by reason of a defective specification or drawing.

by reason of the patentee claiming more or less than he had the right to claim in the patent.

by reason of other errors.

At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:

*New claims are attached in the preliminary amendment that more broadly cover the various aspects of the invention.*

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## (REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)

**B19 SOD - RE**

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.

Name(s) \_\_\_\_\_ Registration Number \_\_\_\_\_

James M. Leas 34372

Correspondence Address: Direct all communications about the application to:

 Customer Number26542Place Customer Number Bar  
Code Label here

Type Customer Number here

<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)

John C. Sodaro

Inventor's signature	Date
<u>John C. Sodaro</u>	<u>9/26/2001</u>
Residence	Citizenship
<u>Montgomery</u>	<u>U.S.</u>
Mailing Address	P.O. BOX 71, MONTGOMERY, VT 05469

Full name of second joint inventor (given name, family name)

Inventor's signature	Date
Residence	Citizenship

Mailing Address

Full name of third joint inventor (given name, family name)

Inventor's signature	Date
Residence	Citizenship

Mailing Address

 Additional joint inventors are named on separately numbered sheets attached hereto.

*box stabs, 1/2*

Please type a plus sign (+) inside this box ➤ +

PTO/SB/81 (11-96)

Approved for use through 09/30/99. OMB 0651-0035

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT,  
NOT ACCOMPANYING  
APPLICATION**

Application Number	
Filing Date	
First Named Inventor	SODARO
Group Art Unit	3712
Examiner Name	J. RICE
Attorney Docket Number	B19 SOD-RE

I hereby appoint:

 Practitioners at Customer Number

26542

Place Customer  
Number Bar Code  
Label here

OR

 Practitioner(s) named below:

Name	Registration Number
James M. Leas	34372

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

 The above-mentioned Customer Number.

OR

<input type="checkbox"/> Firm or Individual Name	James Marc Leas				
Address	37 Butler Drive				
Address					
City	S. Burlington	State	VT	ZIP	05403
Country	USA				
Telephone	802 864-1575	Fax	802 864-9319		

I am the:

 Applicant. Assignee of record of the entire interest.  
Certificate under 37 CFR 3.73(b) is enclosed

SIGNATURE of Applicant or Assignee of Record

Name *John C SODARO*Signature *John Sodaro*Date *9/26/01*

**Burden Hour Statement:** This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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PTO/SB/63 (02-01)

Approved for use through 01/31/2004 OMB 0651-0039

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>REISSUE APPLICATION: CONSENT OF ASSIGNEE; STATEMENT OF NON-ASSIGNMENT</b>		Docket Number (Optional) <b>B19 SOD - RE</b>
This is part of the application for a reissue patent based on the original patent identified below.		
Name of Patentee(s) <b>John C. Sodaro</b>		
Patent Number <b>6021770</b>	Date Patent Issued <b>2/8/2000</b>	
Title of Invention <b>BOOM STABILIZER WITH DANCE FINDER</b>		
<p>1. <input checked="" type="checkbox"/> Filed herein is a statement under 37 CFR 3.73(b). (Form PTO/SB/96)</p> <p>2. <input type="checkbox"/> Ownership of the patent is in the inventor(s), and no assignment of the patent is in effect.</p>		
<p>One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee".</p> <p>The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.</p>		
<p><b>John C. Sodaro</b>  <b>Arvid A. Ames</b></p> <p>The assignee(s) owning an undivided interest in said original patent is/are <u>John C. Sodaro</u> and the assignee(s) consents to the accompanying application for reissue.</p>		
<p>Name of assignee/inventor (if not assigned)  <b>John C. Sodaro &amp; Arvid A. Ames</b></p>		
Signature <u>John C. Sodaro</u> <u>Arvid A. Ames</u>	Date <b>9/26/2001</b> <b>x 10-11-01</b>	
Typed or printed name and title of person signing for assignee (if assigned) <b>John C. Sodaro</b> <b>Arvid A. Ames</b>		

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PTO/SB/08 (08-00)

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**STATEMENT UNDER 37 CFR 1.73(b)**

Applicant/Patent Owner: JOHN C. Sodero  
 Application No./Patent No.: 6,021,770 Filed/Issue Date: 10/10/2000  
 Emited: Bow Stabilizer with Game Finder  
JOHN C. Sodero, partner  
 (Name of Assignee) ARVID A. AMES (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

States that it is:

- the assignee of the entire right, title, and interest; or
- an assignee of less than the entire right, title and interest.  
The extent (by, percentage) of its ownership interest is \_\_\_\_ %

In the patent application/patent identified above by virtue of either:

A.  An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 010370, Frame 0258 or for which a copy thereof is attached.

OR

B.  A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
2. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
3. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

Additional documents in the chain of title are listed on a supplemental sheet.

Copies of assignments or other documents in the chain of title are attached.

(NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3. If the assignment is to be recorded in the records of the USPTO, see MPEP 302.08)

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

John C. Sodero 9/10/2001 ARVID A. AMES  
 Signature Arvid A. Ames Type or Printed name  
10-11-01 Title

Burden Hour Statement: This form is estimated to take 0.3 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Color Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEED OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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